

**IMPORTANT**

**THIS APPLICATION, THE INITIAL PREMIUM, AND PROOF OF SERVICE MUST BE SUBMITTED NO LATER THAN 1 YEAR AND 120 DAYS AFTER RELEASE OR SEPARATION FROM SERVICE. APPLICATIONS SUBMITTED AFTER 120 DAYS REQUIRE COMPLETION OF HEALTH INFORMATION.**

**SEND  
TO**



Office of Servicemembers' Group Life Insurance  
PO Box 5000  
Millville, New Jersey 08332-9928  
(800) 419-1473

# APPLICATION FOR VETERANS' GROUP LIFE INSURANCE



**Application For Veterans' Group Life Insurance****(1-800) 419-1473 8:00 AM to 5:00 PM ET**

Return completed application, first premium, and notification of eligibility to:

OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE

PO BOX 5000

MILLVILLE, NEW JERSEY 08332-9928

IMPORTANT - No insurance may be granted unless a completed application has been received (38 USC 1977). See "Important information and Instructions" before completing this form.

**1. NAME AND ADDRESS OF APPLICANT (Type or print)**

FIRST NAME - MIDDLE NAME - LAST NAME

**FOR OSGLI USE ONLY**

ACTION TAKEN

SGLI REPRESENTATIVE

DATE

NUMBER AND STREET OR RURAL ROUTE, APT. NO.

2. TELEPHONE NUMBER

CITY OR P.O., STATE AND ZIP CODE

SOCIAL SECURITY NUMBER

4. DATE OF SEPARATION  
(Enter month, day and year)

5. DATE OF BIRTH

6. SEX

☐ FEMALE☐ MALE

7. BRANCH OF SERVICE

8. AGE (Refer to premium schedule)

**9. ENTER AMOUNT OF INSURANCE DESIRED (Check one)**☐ \$200,000 ☐ \$190,000 ☐ \$180,000 ☐ \$170,000 ☐ \$160,000 ☐ \$150,000 ☐ \$140,000 ☐ \$130,000 ☐ \$120,000 ☐ \$110,000  
☐ \$100,000 ☐ \$90,000 ☐ \$80,000 ☐ \$70,000 ☐ \$60,000 ☐ \$50,000 ☐ \$40,000 ☐ \$30,000 ☐ \$20,000 ☐ \$10,000**10. PREMIUM AMOUNT ENCLOSED (See Premium Schedule on back) \$**☐ ANNUAL☐ MONTHLY

Please make check or money order payable to "OSGLI". (Please do not send cash or stamps.)

11. NOTE: For Those Receiving Military Retirement Pay or VA Disability Compensation- Automatic Monthly Payment Option. First month's premium must still be submitted with this application.

☐ Check here to have your monthly VGLI premium automatically deducted from your retirement pay.☐ Check here to have your monthly VGLI premium automatically deducted from your VA Disability Compensation.

(Please enter your VA File Number)

**HEALTH STATEMENT (The section must be completed ONLY if it is more than 120 days since you separated.)****12. HEALTH INFORMATION (Attach separate sheet with complete details to any question answered "YES")**

HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:

A. HEART TROUBLE OR ABNORMAL PULSE?

B. HIGH BLOOD PRESSURE?

C. NERVOUS DISORDER?

D. DIABETES OR SUGAR IN URINE?

E. CANCER OR TUMORS?

F. LUNG OR RESPIRATORY DISORDERS?

G. DISORDER OF KIDNEY, BLADDER, OR URINARY SYSTEM?

H. LIVER OR GALLBLADDER DISORDER?

I. STOMACH OR INTESTINAL DISORDERS?

J. ARTHRITIS?

HAVE YOU EVER BEEN DECLINED OR POSTPONED FOR ANY FORM OF LIFE OR HEALTH INSURANCE OR OFFERED A POLICY

WITH A RATED - UP PREMIUM BECAUSE OF HEALTH

HAVE YOU BEEN ABSENT FROM WORK BECAUSE

OF SICKNESS OR INJURY DURING THE LAST SIX MONTHS?

YES

NO

(✓) (✓)

HAVE YOU, WITHIN THE PAST FIVE YEARS:

A. BEEN ADVISED TO HAVE A SURGICAL OPERATION?

B. BEEN A PATIENT OR ADVISED TO ENTER A HOSPITAL OR HEALTH CARE FACILITY?

C. CONSULTED, BEEN ATTENDED OR EXAMINED BY A DOCTOR OR OTHER PRACTITIONERS EXCLUSIVE OF ANNUAL OR PERIODIC PHYSICALS

D. USED BARBITURATES, HEROIN, OPIATES, OR OTHER NARCOTICS, OR BEEN TREATED FOR ALCOHOLISM?

HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM ?

HAVE YOU EVER BEEN DIAGNOSED AS HAVING ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) OR AIDS RELATED COMPLEX (ARC)?

DO YOU HAVE ANY KNOWN PHYSICAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE?

DO YOU HAVE A SERVICE-CONNECTED DISABILITY? IF YES, WHAT IS THE VA CLAIM FILE NUMBER?

YES

NO

(✓) (✓)

**13. Beneficiary(ies) and Payment Options**

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death.

The share of any principal beneficiary who dies before me will be distributed equally among the remaining principal beneficiaries. If all principal beneficiaries die

before me, the insurance will be paid to the contingent beneficiaries. (If you need more space for beneficiaries, see 1D on back.)

Complete Name (first, middle, last) and Address of Each Beneficiary	SOCIAL SECURITY NUMBER (If known)	Relationship to you	Share to be paid to each beneficiary (Use \$ amounts, % or fractions)	Payment Option (Leave blank for lump sum or see #3 on back)
PRINCIPAL				
CONTINGENT				

**NOTE: SGLI REMAINS IN EFFECT FOR 120 DAYS AFTER SEPARATION. THE BENEFICIARY DESIGNATION ABOVE BECOMES EFFECTIVE****WHEN THIS COVERAGE BECOMES EFFECTIVE. INITIAL THIS BOX IF YOU WISH THE ABOVE DESIGNATION TO CHANGE YOUR SGLI**

I UNDERSTAND that this form cancels any prior VGLI beneficiary or payment instructions and that unless I have named a beneficiary(ies) above, my insurance will be paid under the "provisions of law" as explained in Section F on the instruction page.

I understand that I cannot have combined SGLI and VGLI coverage at the same time for more than \$200,000

14. SIGNATURE OF APPLICANT (Do not print, sign in ink)

15. DATE

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or by imprisonment or both.

**Detach and return this page to "OSGLI" - DO NOT send to the Department of Veterans Affairs**

# VETERANS' GROUP LIFE INSURANCE

## HOW TO APPLY FOR THIS BENEFIT

To apply for Veterans' Group Life Insurance, you should:

1. Complete the attached application. Remember to:

- Choose an amount of insurance not greater than the amount carried at time of separation.

- Complete the *Health Statement* if you've been separated for more than 120 days.

- Complete the *Beneficiary Information* section.

- Review and sign the completed application.

2. Make your check or money order payable to OSGLI. You should include your Social Security Number on the face of the check.

3. Enclose proof of your SGLI coverage (e.g. your DD 214, proof of your enlistment in the IRR or ING, or your most recent leave and earnings statement).

4. Mail the application to: Office of Servicemembers' Group Life Insurance

PO Box 5000

Millville, NJ 08332-9928

## IMPORTANT INFORMATION AND INSTRUCTIONS

**A. Eligibility.** Veterans' Group Life Insurance (VGLI) is available to persons who had Servicemembers' Group Life Insurance (SGLI) in force at time of release from active duty or active duty for training under call or order that does not specify a period of less than 31 days. This insurance is also available to:

- members of the Individual Ready Reserve (IRR) and the Inactive National Guard (ING).

- reservists released from drilling assignments

- reservists with part-time coverage whose SGLI coverage is continued after the period of duty terminates as a result of a disability incurred or aggravated during such duty.

- Retired Reservists assigned to or eligible for assignment to the Retired Reserves of a uniformed service, provided SGLI was in force at the time of release from the most recent drilling assignment.

Application for VGLI must be submitted within one year and 120 days from the date of release.

**Note:** If you have been unable to work since the date you were separated because of total disability, you may be entitled to an extension of SGLI coverage without further payment of premiums. If you wish to be considered for this extension, please inform the Office of Servicemembers' Group Life Insurance (OSGLI) at the time you submit this application.

**B. Insurance Coverage.** VGLI coverage is available in increments of \$10,000 up to a maximum of \$200,000. However, you may not be covered for an amount greater than you had while on active duty. This insurance is five-year renewable term coverage. At any time during the five-year period, you have the option to convert to an individual policy with one of the commercial insurance companies that participate in the program.

**C. Premiums.** You may pay your premiums monthly or annually. **If you choose to pay premiums annually,** you will receive one month's discount. The annual rates shown in the attached premium schedule reflect the discount. Find the premium rate that agrees with the amount of insurance and the payment mode desired for your age from the premium schedule. Enter this premium amount in Item 10, *Premium Amount Enclosed*, on the application.

**If you choose to pay monthly,** you have the option of having your premiums deducted from your military retirement pay or disability compensation. If you select this mode of payment, you must still submit the first month's premium with your application.

## (IMPORTANT INFORMATION AND INSTRUCTIONS - CONTINUED)

**D. Naming Beneficiaries.** You may name any beneficiary(ies) you choose. You may change your beneficiary(ies) at any time without their knowledge or consent, and this right cannot be waived or restricted. You can obtain a change of beneficiary form from any office of the Department of Veterans Affairs or by writing to OSGLI. No designation or change of beneficiary will be valid unless it is in writing, dated over your signature, and received by OSGLI before your death. If, after completion of this form, your insurance is increased, this beneficiary designation will apply to the full amount in force unless a new designation is made.

Do not delay completing this form if you don't have a beneficiary's social security number. The social security number helps us to locate the beneficiary, but it is not necessary.

**E. Payment Options.** You may choose for the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing *lump* or *36* in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write *lump* or leave the block blank.

**F. Provisions For Payment of Insurance.** If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.

If you do not name a beneficiary, the insurance will be paid in accordance with the prior SGLI designation for 60 days after VGLI becomes effective. After 60 days, if no designation is made, the proceeds will be paid under provisions of the law to your survivors in the following order:

1. Widow or widower.
2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child).
3. Parent(s) in equal shares or all to surviving parent.
4. A duly appointed executor or administrator of your estate.
5. Other next of kin.

<p><b>Note:</b> If you do not want your insurance paid under the provisions of the law, you must enter the name(s) of the beneficiary(ies) on the application.</p>
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**G. Notification of Insurance.** A certificate of coverage will be sent to you as confirmation of the approval of your Veterans' Group Life Insurance application. Premium notices will also be provided as needed. You can obtain additional information on this insurance by contacting the Office of Servicemembers' Group Life Insurance in writing (include your social security number on all correspondence) or by telephone at 1-800-419-1473 between 8:00 a.m. and 5:00 p.m. Eastern Time.

COVERAGE AMOUNT	Age Group 0-29*		30-34*		35-39*		40-44*		45-49*		50-54*		55-59*		60-64*		65-69*		70-74*		75+	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
200,000	\$16.00	\$176.00	\$24.00	\$264.00	\$32.00	\$352.00	\$48.00	\$528.00	\$84.00	\$924.00	\$130.00	\$1,430.00	\$176.00	\$1,936.00	\$225.00	\$2,475.00	\$300.00	\$3,300.00	\$450.00	\$4,950.00	\$900.00	\$9,900.00
190,000	\$15.20	\$167.20	\$22.80	\$250.80	\$30.40	\$334.40	\$45.60	\$501.60	\$79.80	\$877.80	\$123.50	\$1,358.50	\$167.20	\$1,839.20	\$213.75	\$2,351.25	\$285.00	\$3,135.00	\$427.50	\$4,702.50	\$855.00	\$9,405.00
180,000	\$14.40	\$158.40	\$21.60	\$237.60	\$28.80	\$316.80	\$43.20	\$475.20	\$75.60	\$831.60	\$117.00	\$1,287.00	\$158.40	\$1,742.40	\$202.50	\$2,227.50	\$270.00	\$2,970.00	\$405.00	\$4,455.00	\$810.00	\$8,910.00
170,000	\$13.60	\$149.60	\$20.40	\$224.40	\$27.20	\$299.20	\$40.80	\$448.80	\$71.40	\$785.40	\$110.50	\$1,215.50	\$149.60	\$1,645.60	\$191.25	\$2,103.75	\$255.00	\$2,805.00	\$382.50	\$4,207.50	\$765.00	\$8,415.00
160,000	\$12.80	\$140.80	\$19.20	\$211.20	\$25.60	\$281.60	\$38.40	\$422.40	\$67.20	\$739.20	\$104.00	\$1,144.00	\$140.80	\$1,548.80	\$180.00	\$1,980.00	\$240.00	\$2,640.00	\$360.00	\$3,960.00	\$720.00	\$7,920.00
150,000	\$12.00	\$132.00	\$18.00	\$198.00	\$24.00	\$264.00	\$36.00	\$396.00	\$63.00	\$693.00	\$97.50	\$1,072.50	\$132.00	\$1,452.00	\$168.75	\$1,856.25	\$225.00	\$2,475.00	\$337.50	\$3,712.50	\$675.00	\$7,425.00
140,000	\$11.20	\$123.20	\$16.80	\$184.80	\$22.40	\$246.40	\$33.60	\$369.60	\$58.80	\$646.80	\$91.00	\$1,001.00	\$123.20	\$1,355.20	\$157.50	\$1,732.50	\$210.00	\$2,310.00	\$315.00	\$3,465.00	\$630.00	\$6,930.00
130,000	\$10.40	\$114.40	\$15.60	\$171.60	\$20.80	\$228.80	\$31.20	\$343.20	\$54.60	\$600.60	\$84.50	\$929.50	\$114.40	\$1,258.40	\$146.25	\$1,608.75	\$195.00	\$2,145.00	\$292.50	\$3,217.50	\$585.00	\$6,435.00
120,000	\$9.60	\$105.60	\$14.40	\$158.40	\$19.20	\$211.20	\$28.80	\$316.80	\$50.40	\$554.40	\$78.00	\$858.00	\$105.60	\$1,161.60	\$135.00	\$1,485.00	\$180.00	\$1,980.00	\$270.00	\$2,970.00	\$540.00	\$5,940.00
110,000	\$8.80	\$96.80	\$13.20	\$145.20	\$17.60	\$193.60	\$26.40	\$290.40	\$46.20	\$508.20	\$71.50	\$786.50	\$96.80	\$1,064.80	\$123.75	\$1,361.25	\$165.00	\$1,815.00	\$247.50	\$2,722.50	\$495.00	\$5,445.00
100,000	\$8.00	\$88.00	\$12.00	\$132.00	\$16.00	\$176.00	\$24.00	\$264.00	\$42.00	\$462.00	\$65.00	\$715.00	\$88.00	\$968.00	\$112.50	\$1,237.50	\$150.00	\$1,650.00	\$225.00	\$2,475.00	\$450.00	\$4,950.00
90,000	\$7.20	\$79.20	\$10.80	\$118.80	\$14.40	\$158.40	\$21.60	\$237.60	\$37.80	\$415.80	\$58.50	\$643.50	\$79.20	\$871.20	\$101.25	\$1,113.75	\$135.00	\$1,485.00	\$202.50	\$2,227.50	\$405.00	\$4,445.00
80,000	\$6.40	\$70.40	\$9.60	\$105.60	\$12.80	\$140.80	\$19.20	\$211.20	\$33.60	\$369.60	\$52.00	\$572.00	\$70.40	\$774.40	\$90.00	\$990.00	\$120.00	\$1,320.00	\$180.00	\$1,980.00	\$360.00	\$3,960.00
70,000	\$5.60	\$61.60	\$8.40	\$92.40	\$11.20	\$123.20	\$16.80	\$184.80	\$29.40	\$323.40	\$45.50	\$500.50	\$61.60	\$677.60	\$78.75	\$866.25	\$105.00	\$1,155.00	\$157.50	\$1,732.50	\$315.00	\$3,465.00
60,000	\$4.80	\$52.80	\$7.20	\$79.20	\$9.60	\$105.60	\$14.40	\$158.40	\$25.20	\$277.20	\$39.00	\$429.00	\$52.80	\$580.80	\$67.50	\$742.50	\$90.00	\$990.00	\$135.00	\$1,485.00	\$270.00	\$2,970.00
50,000	\$4.00	\$44.00	\$6.00	\$66.00	\$8.00	\$88.00	\$12.00	\$132.00	\$21.00	\$231.00	\$32.50	\$357.50	\$44.00	\$484.00	\$56.25	\$618.75	\$75.00	\$825.00	\$112.50	\$1,237.50	\$225.00	\$2,475.00
40,000	\$3.20	\$35.20	\$4.80	\$52.80	\$6.40	\$70.40	\$9.60	\$105.60	\$16.80	\$184.80	\$26.00	\$286.00	\$35.20	\$387.20	\$45.00	\$495.00	\$60.00	\$660.00	\$90.00	\$990.00	\$180.00	\$1,980.00
30,000	\$2.40	\$26.40	\$3.60	\$39.60	\$4.80	\$52.80	\$7.20	\$79.20	\$12.60	\$138.60	\$19.50	\$214.50	\$26.40	\$290.40	\$33.75	\$371.25	\$45.00	\$495.00	\$67.50	\$742.50	\$135.00	\$1,485.00
20,000	\$1.60	\$17.60	\$2.40	\$26.40	\$3.20	\$35.20	\$4.80	\$52.80	\$8.40	\$92.40	\$13.00	\$143.00	\$17.60	\$193.60	\$22.50	\$247.50	\$30.00	\$330.00	\$45.00	\$495.00	\$90.00	\$990.00
10,000	\$0.80	\$8.80	\$1.20	\$13.20	\$1.60	\$17.60	\$2.40	\$26.40	\$4.20	\$46.20	\$6.50	\$71.50	\$8.80	\$96.80	\$11.25	\$123.75	\$15.00	\$165.00	\$22.50	\$247.50	\$45.00	\$495.00

Your age should be either: A. Your age on the 121st day after separation; or B. Your age on the date of application, whichever is later.  
Premium schedule is subject to change

**NOTE:** If you pay annually, you can take advantage of a one month's discount, which is reflected in the annual premium shown above.

## 1. Naming beneficiaries

- If you do not name a specific beneficiary, your insurance will be paid to your survivors as follows:
  - Widow or widower; if none to
  - Child(ren) in equal shares, with the share of any deceased child distributed among the descendants of that child; if none to
  - Parent(s) in equal shares or all to surviving parent: if none to
  - A duly appointed executor or administrator of the insured's estate, and if none, to
  - Other next of kin
- You may name any beneficiary you choose without anyone knowing or consenting to it. ***This right cannot be waived or restricted.***
- You may not change a designation of beneficiary by correcting entries on an existing form. Instead, complete a new form to show the name of the new beneficiary(ies).
- If you need more space than is given for either the principal or contingent beneficiaries, list each beneficiary on a separate sheet and write "see attached" under the appropriate block. The separate sheet must contain your signature, social security number, and the date, and must be attached to this form.
- No designation or change of beneficiary will be valid unless it is signed, dated, and received by OSLI prior to your death.

## 2. Share to be paid to each beneficiary

If you name more than one primary or contingent beneficiary, the sum of the shares must equal the full dollar amount of your insurance, or 100%.

Example:                      John Smith,      son                      \$100,000                      50%                      1/2  
    Mary Smith,      daughter                      \$100,000                      or                      50%                      or                      1/2  
    \$ 200,000                      100%                      1

## 3. Payment to beneficiaries

If you want the beneficiary(ies) to receive 36 equal monthly payments rather than a lump sum, you should write "36" in the corresponding block under Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment at the time of your death. If you want the beneficiary to have a choice at the time of payment, leave the block blank.

If you choose installment payments for a principal beneficiary and that beneficiary dies before receiving all the installments, the remaining payments will be made to the contingent beneficiary(ies).